

**Short Form Annual Return/Report of Small Employee Benefit Plan**

**2016**

**This Form is Open to Public Inspection**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

**Part I Annual Report Identification Information**

For calendar plan year 2016 or fiscal plan year beginning **SF\_PLAN\_YEAR\_BEGIN\_DATE** and ending **SF\_TAX\_PRD**

**A** This return/report is for:  
 a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
 a one-participant plan  a foreign plan

**B** This **SF\_INITIAL\_FILING\_IND**  
 the first return/report  the final return/report **SF\_FINAL\_FILING\_IND**  
 an amended return/report  a short plan year return/report (less than 12 months) **SF\_SHORT\_PLAN\_YR\_IND**

**C** Check box if filing under:  
 Form 5558  automatic extension  DFVC program

**SF\_5558\_APPLICATION\_FILED\_IND** **SF\_EXT\_SPECIAL\_IND** **SF\_EXT\_AUTOMATIC\_IND** **SF\_DFVC\_PROGRAM\_IND**

**Part II Basic Plan Information** — enter all requested information

**1a** Name of plan **SF\_PLAN\_NAME**

**1b** Three-digit plan number (PN) **SF\_PLAN\_NUM**

**1c** Effective date of plan **SF\_PLAN\_EFF\_DATE**

**2a** Plan sponsor's name (employer, if for a single-employer plan)  
 Mailing address (include room, apt., suite no. and street, or P.O. Box)  
 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  
**Refer to Page 4, Part II 2a**

**2b** Employer identification number (EIN) **SF\_SPONS\_EIN**

**2c** Sponsor's telephone number **SF\_SPONS\_PHONE\_NUM**

**2d** Business code (see instructions) **SF\_BUSINESS\_CODE**

**3a** Plan administrator's name and address **Refer to Page 4, Part II 3a**

**3b** Administrator's EIN **SF\_ADMIN\_PHONE\_NUM**

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  
**a** Sponsor's name **SF\_LAST\_RPT\_SPONS\_NAME**

**4b** EIN **SF\_LAST\_RPT\_SPONS\_EIN**

**4c** PN **SF\_LAST\_RPT\_PLAN\_NUM**

**5a** Total number of participants at the beginning of the plan year **SF\_TOT\_PARTCP\_BOY\_CNT**

**b** Total number of participants at the end of the plan year **SF\_TOT\_ACT\_RTd\_SEP\_BENEF\_CNT**

**c** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) **SF\_PARTCP\_ACCOUNT\_BAL\_CNT**

**d(1)** Total number of active participants at the beginning of the plan year **SF\_TOT\_ACT\_PARTCP\_BOY\_CNT**

**d(2)** Total number of active participants at the end of the plan year **SF\_TOT\_ACT\_PARTCP\_EOY\_CNT**

**e** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested **SF\_SEP\_PARTCP\_PARTL\_VSTD\_CNT**

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of plan administrator	<b>SF_ADMIN_SIGNED_DATE</b> Date	<b>SF_ADMIN_SIGNED_NAME</b> Enter name of individual signing as plan administrator
	Signature of employer/plan sponsor	<b>SF_SPONS_SIGNED_DATE</b> Date	<b>SF_SPONS_SIGNED_NAME</b> Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No  
**6b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No  
**If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**  
**6c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined

**Part III Financial Information** SF\_ELIGIBLE\_ASSETS\_IND  
SF\_IQPA\_WAIVER\_IND  
SF\_COVERED\_PBGC\_INSURANCE\_IND

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	7a	SF_TOT_ASSETS_BOY_AMT	SF_TOT_ASSETS_EOY_AMT
<b>b</b> Total plan liabilities .....	7b	SF_TOT_LIABILITIES_BOY_AMT	SF_TOT_LIABILITIES_EOY_AMT
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	7c	SF_NET_ASSETS_BOY_AMT	SF_NET_ASSETS_EOY_AMT
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers .....	8a(1)	SF_EMPLR_CONTRIB_INCOME_AMT	
(2) Participants .....	8a(2)	SF_PARTICIP_CONTRIB_INCOME_AMT	
(3) Others (including rollovers) .....	8a(3)	SF_OTH_CONTRIB_RCVD_AMT	
<b>b</b> Other income (loss) .....	8b	SF_OTHER_INCOME_AMT	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	8c		SF_TOT_INCOME_AMT
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	8d	SF_TOT_DISTRIB_BNFT_AMT	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ...	8e	SF_CORRECTIVE_DEEMED_DISTR_AMT	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	8f	SF_ADMIN_SRVC_PROVIDERS_AMT	
<b>g</b> Other expenses .....	8g	SF_OTH_EXPENSES_AMT	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	8h		SF_TOT_EXPENSES_AMT
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	8i		SF_NET_INCOME_AMT
<b>j</b> Transfers to (from) the plan (see instructions) .....	8j	SF_TOT_PLAN_TRANSFERS_AMT	

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
SF\_TYPE\_PENSION\_BNFT\_CODE
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  
SF\_TYPE\_WELFARE\_BNFT\_CODE

**Part V Compliance Questions**

10	During the plan year:	Yes	No	N/A	Amount
<b>a</b>	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Compliance Program) .....	SF_FAIL_TRANSMIT_CONTRIB_IND			SF_FAIL_TRANSMIT_CONTRIB_AMT
<b>b</b>	Were there any nonexempt transactions with any party-in-interest reported on line 10a.) .....	SF_PARTY_IN_INT_NOT_RPTD_IND			SF_PARTY_IN_INT_NOT_RPTD_AMT
<b>c</b>	Was the plan covered by a fidelity bond? .....	SF_PLAN_INS_FDLTY_BOND_IND			SF_PLAN_INS_FDLTY_BOND_AMT
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, by fraud or dishonesty? .....	SF_LOSS_DISCV_DUR_YEAR_IND			SF_LOSS_DISCV_DUR_YEAR_AMT
<b>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the services to the plan? (See instructions.) .....	SF_BROKER_FEES_PAID_IND			SF_BROKER_FEES_PAID_AMT
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....	SF_FAIL_PROVIDE_BENEF_DUE_IND			SF_FAIL_PROVIDE_BENEF_DUE_AMT
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end) .....	SF_PARTCP_LOANS_IND			SF_PARTCP_LOANS_EOY_AMT
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....				SF_PLAN_BLACKOUT_PERIOD_IND
<b>i</b>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....				SF_COMPLY_BLACKOUT_NOTICE_IND

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  Yes  No  
SF\_DB\_PLAN\_FUNDING\_REQD\_IND

**11a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 SF\_UNP\_MIN\_CONT\_CUR\_YRTOT\_AMT

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes  No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) SF\_DC\_PLAN\_FUNDING\_REQD\_IND

**a** If a waiver of the minimum required contribution is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. SF\_RULING\_LETTER\_GRANT\_DATE Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

**b** Enter the minimum required contribution for this plan year SF\_SEC\_412\_REQ\_CONTRIB\_AMT

**c** Enter the amount contributed by the employer to the plan for this plan year SF\_EMLR\_CONTRIB\_PAID\_AMT

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12 SF\_FUNDING\_DEFICIENCY\_AMT

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline SF\_FUNDING\_DEADLINE\_IND  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? SF\_RES\_TERM\_PLAN\_ADPT\_IND  Yes  No

If "Yes," enter the amount of any plan assets that reverted to the employer this year SF\_RES\_TERM\_PLAN\_ADPT\_AMT

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or otherwise under the control of the PBGC? SF\_ALL\_PLAN\_AST\_DISTRB\_IND  Yes  No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
TABLE:Efast_09.F_5500_sf_part1_2009 SF_PLAN_TRANSFER_NAME	SF_PLAN_TRANSFER_EIN	SF_PLAN_TRANSFER_PN

**Part VIII Trust Information**

**14a** Name of trust  
SF\_FDCRY\_TRUST\_NAME

**14b** Trust's EIN  
SF\_FDCRY\_TRUST\_EIN

**14c** Name of trustee or custodian  
SF\_FDCRY\_TRUSTE\_CUST\_NAME

**14d** Trustee's or custodian's telephone number  
SF\_FDCRY\_TRUSTE\_CUST\_PHONE\_NUM

**Part IX IRS Compliance Questions**

**15a** Is the plan a 401(k) plan? If "No," skip b. SF\_401K\_PLAN\_IND  Yes  No

**15b** How did the plan satisfy the nondiscrimination requirements for 401(k)(3) for the plan year? Check all that apply:  
SF\_401K\_DESIGN\_BASED\_SAFE\_IND Design-based safe harbor  Prior year ADP test  
SF\_401K\_CURRENT\_YEAR\_ADP\_IND Current year ADP test  N/A SF\_401K\_NA\_IND

**16a** What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  
SF\_MTHD\_AVG\_BNFT\_TEST\_IND Average benefit test  N/A  
SF\_MTHD\_RATIO\_PRCNT\_TEST\_IND percentage test  N/A

**16b** Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? SF\_PLAN\_SATISFY\_TESTS\_IND

**17a** If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter SF\_LAST\_OPIN\_ADVI\_DATE the serial number SF\_LAST\_OPIN\_ADVI\_SERIAL\_NUM

**17b** If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter SF\_FAV\_DETERM\_LTR\_DATE

**18** Defined Benefit Plan or Money Purchase Pension Plan Only:  
Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? SF\_DISTRIB\_MADE\_EMPLOYE\_62\_IND

**19** Was any plan participant a 5% owner who had attained at least age 70 1/2 during the prior plan year?  Yes  No

SF\_MIN\_REQ\_DISTRB\_IND

ROW\_ORDER

Part II 2a Variables

SF\_SPONSOR\_NAME

SF\_SPONSOR\_DFE\_DBA\_NAME

SF\_SPONS\_US\_ADDRESS1

SF\_SPONS\_US\_ADDRESS2

SF\_SPONS\_US\_CITY

SF\_SPONS\_US\_STATE

SF\_SPONS\_US\_ZIP

SF\_SPONS\_FOREIGN\_ADDRESS1

SF\_SPONS\_FOREIGN\_ADDRESS2

SF\_SPONS\_FOREIGN\_CITY

SF\_SPONS\_FOREIGN\_PROV\_STATE

SF\_SPONS\_FOREIGN\_CNTRY

SF\_SPONS\_FOREIGN\_POSTAL\_CD

Part II 3a Variables

SF\_ADMIN\_CARE\_OF\_NAME

SF\_ADMIN\_US\_ADDRESS1

SF\_ADMIN\_US\_ADDRESS2

SF\_ADMIN\_US\_CITY

SF\_ADMIN\_US\_STATE

SF\_ADMIN\_FOREIGN\_ADDRESS1

SF\_ADMIN\_FOREIGN\_ADDRESS2

SF\_ADMIN\_FOREIGN\_CITY

SF\_ADMIN\_FOREIGN\_PROV\_STATE

SF\_ADMIN\_FOREIGN\_CNTRY

SF\_LAST\_RPT\_SPONS\_NAME

SF\_ADMIN\_FOREIGN\_POSTAL\_CD